Children's Worlds National Report

Chile

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1. Introduction

1.1 Context and population

The Republic of Chile is a sovereign country located in the extreme south of South America. Its capital is the city of Santiago. It is bordered to the north by Peru, to the northeast by Bolivia and to the east by Argentina. Chile achieved its independence from the Spanish Crown in 1810.It has a total continental area of 756,950 square kilometers, in addition to insular and Antarctic territory, and more than 6000 kilometers of coastline in the Pacific Ocean.

According to the last census of 2017 the population of Chile was 17,574,003, corresponding to 51.1% women (Instituto Nacional de Estadística, INE, 2017), the population for 2021 was 19,212,362, corresponding to 50.7% women. The average age of the population was 35.8 years, with a life expectancy of 79.65 years, an average annual growth rate is 1.0 and a population density of 25 inhabitants per square kilometer (World Bank, 2022). From a demographic point of view, the Chilean population is aging rapidly. Decreasing the population under 15 years of age from 29.4% in 1999 to 20.1% in 2017, while the population over 65 years of age increases from 6.6% to 11.4% in the same period (INE, 2017)

According to the 2017 census, there were 4,259,115 children between 0 and 17 years old, corresponding to 24% of the total population, there being 594,059 children between 0 and 4 years old, 618,121 between 5 and 9 years old, 585,855 between 10 and 14 years old and 636,044 between 15 and 19 years old. In relation to the constitution of their families, 47.6% live in households with both parents and 24.9% live with only one parent, of the total 13% of them lived in a situation of overcrowding (INE, 2017).

87.8% of the population was urban and 12.2% rural, 13% indicate belonging to some native people, 79.8% of them being Mapuche. Chile has a migration rate of 4.95%, being mainly to countries such as Venezuela (30.7%), Peru (16.3%), Haiti (12.5%), Colombia (11.4%) (INE and Department of Foreigners and Migration, Chile, 2021).

According to the Human Development Index (HDI) developed by the United Nations, Chile has an HDI of 0.855 in 2021, ranking 42nd, being the first country in South America, to be among the group of countries with a very high HDI. In 2021, the average salary was 1001 euros per month (United Nations Development Programme, 2022).

Context of COVID-19 in individual country contexts

In December 2019, the SARS-CoV-2 virus was detected for the first time, in the city of Wuhan, China, whose disease, Covid-19 could produce epidemic outbreaks. On January 30, 2020 the World Health Organization (WHO) declared this outbreak as a public health emergency of international concern, the highest WHO alarm level, since in addition to the 9,700 confirmed cases in China, there were 19 other affected countries, which confirmed the high transmissibility of this new virus between humans and on March 11 the WHO decreed a pandemic since in only two weeks the number of infected countries had tripled (World Health Organization, 2020).

On March 3, 2020, the first case of Covid-19 was detected in Chile, and from then on the Chilean government began to take a series of measures to deal with the pandemic. It is necessary to mention that Chile was in a very complex social crisis situation derived from a social outbreak that had started on October 18, 2019, which initiates a constituent process to create a new constitution for Chile, in that context a state of emergency with mobility restrictions to the population had already been established (Heiss, 2020).

In this context, on March 18, 2020, the Ministry of Health had already confirmed 237 cases with Covid-19, at the same time, the Government of Chile decided to declare a state of emergency from the following day, starting a process of closure of schools, universities, public institutions and commerce, except for essential commerce. On March 23rd the first deaths due to Covid-19 were confirmed and on April 3rd the Government declared a strict sanitary cordon for the Metropolitan Region and the Bio Bío Region, two of the most highly populated regions of Chile, which implied that people could not leave or enter the cities, subsequently a dynamic quarantine program was applied, which depending on the level of contagion allowed different levels of development of activities and mobility of people in

different territorial units (Commune). During all this time, schools remained closed. The state of catastrophe was extended until December 2020. On December 24, 2020, the first vaccines against Covid-19 were received and at the beginning of 2021 Chile started a vaccination program, initially focused on health personnel and senior citizens, which was later extended to the entire population. By mid-2021, the school population was vaccinated, which allowed some schools to resume classes in person at the end of 2021, which was massively done in March 2022 (Ministerio de Salud, Minsal, 2022a).

Currently Chile reaches 4.58 million people who have been infected with Covid-19 and more than 60,909 people have died; the vaccination program reaches 92.2% of the population, with more than 17.7 million people vaccinated with up to 4 doses (Minsal, 2022b), and the entire school system is developing face-to-face activities (Ministerio de Educación, Mineduc, 2022).

1.2 Sampling: Strategy and outcome

The Chilean sample corresponded to a non-probabilistic, quota sample, however, focused on the two most densely populated cities in Chile, namely, the capital Santiago, and the city of Concepción, whose regions represent 50% of the total population of Chile, to which were added, additionally, other cities that showed interest in participating in the study and that represented other regions of the country. The quota sampling strategy sought to address the entire Chilean school system, namely public, private and semi-private schools, trying to cover the same number of students from the age of 10, corresponding to the fifth, sixth, seventh and eighth grades of basic general education. The instrument was applied to all the students of the courses who decided to participate after signing an active informed consent, 94.5% of the questionnaires were applied online and the remaining 5.5% on paper. The objective was to have a total sample of at least 1,000 students over 10 years in groups similar in age and sex.

2. Results

2.1 About you:

The descriptive data of the selected sample are presented below. The sample is made up of 1698 boys and girls from urban sectors of Chile, aged between 10 and 14 years old (M=11.5; SD=1.1), of whom 47.7% identify as girls and 49.3% as boys, the remaining 3% do not identify with either gender. Most of the children live with their families (79.6%). The disaggregated data are presented in the Table 1 and Table 2 respectively.

Table 1. *Age and gender of the sample (n=1698)*

Variable		*f*	*%*
Age	10	298	17,6
	11	576	33,9
	12	520	30,6
	13	248	14,6
	14	56	3,3
Gender	Girl	805	47,4
	Boy	832	49,0
	I do not think of myself as a boy or a girl	51	3,0

Table 2. *With whom do you live at present*.

At present, with whom do you live?	*f*	*%*
With my family, in our home	1346	79,6
With my family, but at a different place (not at our regular home)	55	3,3
With my family, but in more than one home, because my parents live in different homes	244	14,4
With my family, but in more than one home, because my family has more than one home	40	2,4
In a family different than mine	6	0,4
Total	1691	100,0

Table 3 describes the situation they experienced or were experiencing during the pandemic, while Table 4 describes, in more detail, situations that may describe their status during the pandemic.

Table 3. *Percentage about situation lived during the coronavirus pandemic*

	Yes	No	No sure
1. Everybody in my city/town/village was in lockdown for many days	67,2	6,7	26,1
2. Me or somebody in my home got infected with Coronavirus	21,1	76,1	2,8
3. Somebody in my family (not living with me) got infected with Coronavirus	51,6	37,3	11,1
4. Somebody I know got infected with Coronavirus (e.g.: from my neighborhood or in a friend's family)	56,2	23,4	20,3
5. At home we had to be very careful because somebody was considered at high risk of getting very ill if they got infected with the Coronavirus	51,3	37,4	11,3
6. I had to stay at home for many days	86,9	9,5	3,7
7. I could not attend school for many days	86,9	9,5	3,7

As can be seen in the table above, most of the children say that their villages or towns were quarantined (76%), that they or someone in their family at home were not infected, but 50% say that there were people in their family, who do not live with them, infected by covid-19, in turn, they point out that they had to stay at home for many days without being able to go to school.

In relation to the question whether during quarantine they had enough food to eat daily, 95,6% of the children said always or often, and only 2,5% said never or sometimes.

2.2 Your life during the Coronavirus:

The following section presents several scales that explore various aspects of children's lives during the Covid-19 pandemic. They ask the degree of agreement with various aspects, as well as the level of satisfaction with different things in their life before and during the pandemic and the degree of concern they present during this last month.

Table 4. *Percentage of agreement with various aspects of the coronavirus*

item	I do not agree	I Agree a little	I Agree somewhat	I Agree a lot	I Totally agree
1. I have enough information about the Coronavirus	4,0	9,0	22,4	29,7	34,6
2. We speak together about the Coronavirus in my home	10,8	16,4	22,8	23,1	26,3
3. My opinions about the Coronavirus are taken seriously in my home	10,1	10,4	17,9	27,3	33,4
4. I received a lot of information about the Coronavirus from my family members or caregivers	5,7	8,5	15,7	29,4	40,0
5. I received a lot of information about the Coronavirus from other children	30,1	24,4	21,5	12,3	11,2
6. I received a lot of information about Coronavirus from teachers	4,9	8,1	16,8	30,9	38,4
7. I received a lot of information about Coronavirus through social media (Instagram, WhatsApp, Facebook, etc.)	19,7	12,4	16,5	20,5	30,4
8. We watch news about the Coronavirus at my home*	-	-	-	-	-
9. I received a lot of information about the Coronavirus through the news	14,4	20,2	28,0	18,3	18,4
10. I think that a lot of the news about the Coronavirus are unreliable	4,8	6,7	10,7	22,9	54,0

*this item does not apply to Chile.

As presented in Table 4, most of the children felt that they had enough information about coronavirus, and it was a topic that was discussed at home and their opinions were considered. Most of the children indicated that they received information from their teachers (69.3%), but they also mostly considered that much of the news about covid-19 was unreliable.

Table 5 covers the degree of satisfaction with different things in their life before and during the coronavirus. The children respond on an eleven-point scale (0= not at all satisfied, 10= completely satisfied). As can be seen in Table 5, all satisfaction means decrease during the coronavirus pandemic with respect to pre-Covid-19 levels. Prior to the pandemic, the highest satisfaction was associated with the relationships with the people with whom they live, which as presented above, for most of the children, corresponds to their nuclear family; this aspect continues to be the one with the highest degree of

satisfaction during the pandemic. What shows the lowest level of satisfaction before and during the pandemic is related to the activities with which they normally spent their time.

Table 5. *Mean and standard deviation for how satisfied were you with the following things before and during the Coronavirus*

	Before the Coronavirus		During the Coronavirus	
	M	SD	M	SD
1. Satisfaction: With how I normally spent my time	8,0	2,4	6,4	3,0
2.Satisfaction: With The things I used to learn at school	8,4	2,2	7,1	2,8
3. Satisfaction: With the relationship I had with my friends	8,0	2,8	6,7	3,3
4. Satisfaction: With the relationships I had with people I live with	8,8	2,2	8,3	2,6

Table 6 presents the degree of concern that the children have had during the last month with different aspects of their lives affected by the Coronavirus. The children responded to their degree of concern on an eleven-point scale (0= not at all, 10= very much).

In relation to their concern during the last month in relation to Covid-19, it is observed that there is a moderate to high level of concern, however, no situation manages to exceed 7 points on a scale of 0 to 10. Thus, the greatest concern is presented in relation to the people they know could become infected (M=7.0), and in relation to the changes in their life as students due to the pandemic (M=6.8), even more than the fact that they themselves could become infected with Covid-19 or that they could infect others. The area in which they show the least concern is about the money the family has during the pandemic.

Table 6. *Mean and standard deviation for the things you are worried about.*

During the last month, how worried have you been about the following things in your life?	M	SD
1. By the Coronavirus situation	6,1	3,2
2. That I may get infected by the Coronavirus	5,9	3,5
3. That people I know may get infected by the Coronavirus	7,0	3,3
4. That I may infect other people with the Coronavirus	5,9	3,9
5. That I may get bad school marks because of the Coronavirus situation	6,7	3,6

6. The money my family has during the Coronavirus period	5,7	3,6
7. The changes in my life as a student because of the Coronavirus situation	6,8	3,2

2.3 School and relationships:

This section deals with aspects related to school during the pandemic and the relationships they maintained with their family and friends. Table 7. presents the way in which their schooling took place while schools were closed due to the pandemic. As can be seen, most of the children referred to having had online classes with their teachers (88,7%) and only 26,7% did so with their parents or caregivers and 23,7% by searching for information on the Internet.

Table 7. *How to learn during the pandemic.*

During the Coronavirus, when schools were closed, how did you learn at home?	%
1.Online classes with teachers	88,7
2. Learning by searching the Internet	23,7
3. Learning with parents or people that are looking after you	26,7
4. Learning with my Friends *	-
5. Other ways	3,6
6. I did not study at home	1,7

*No asked in Chile

When asked their degree of agreement with the statement "during the Coronavirus, when schools were closed, how did you learn at home?" the majority of children strongly agreed (31.0%) or strongly agreed (24.7%) with this statement, while 25.2% agreed somewhat, somewhat agreed (13%) and 5.8% did not agree at all with this statement.

Table 8 presents aspects related to Internet connection during the pandemic and aspects related to their life at school.

Table 8. *Connectivity and relationship with the school during the pandemic (%).*

During the Coronavirus	Never	Sometimes	Often	Always
1.How often did you have access to the Internet?	4,0	8,6	25,6	65,4
2. How often did it happen that you could not access the Internet for an entire day?	33,5	55,7	7,2	3,7

3. How often did you have problems with the Internet connection while having a class over web?	14,2	61,7	20	4,1
4. How often did you miss your teacher's advice?	18,1	36,8	24,7	20,4
5. How often did you miss your classmates?	15,3	29,0	24,2	31,5
6. How often did you wish that you could go back to school?	8,3	27	25,3	39,4
7. How often did your parent or a sister/brother help you with schoolwork?	5,0	34,5	29,1	31,4

As can be seen in the table above, the majority of children reported that they always (64.5%) or often (25.6%9 had access to the Internet during the pandemic, and only 3.7% reported not being able to access the Internet for a full day, which is consistent with the 4% who reported that they never had access to the Internet, or the 4.1% who reported that they always had problems with the Internet while they were in online classes. Regarding their relationships with their teachers and classmates, 45.1% indicated that they always or often missed their teachers' advice, while 55.7% always or often missed their classmates; in turn, 64.7% wished they always or often went back to school. Some 31.4% mentioned having received help from their parents or siblings with their homework always and 29.1% often.

When asked about the way in which they kept in contact with their friends, the resource they used the most was WhatsApp, both written messages and audios. In turn, a high percentage is through phone calls and social networks and video calls with 26%. The percentages can be seen in Table 9.

Table 9. *How do you keep in touch with your friends during the Coronavirus lockdown.*

During the Coronavirus	%
1. Calls	40,9
2. Video calls (Hangout, Skype…)	26,0
3. WhatsApp audios	37,8
4. WhatsApp messages	63,6
5. Social media (Instagram, Facebook, TikTok or any other)	26,6
6. Meeting each other in person	19,3
7. Not at all	0,4
8. Other ways	1,3

During the coronavirus, the children felt mostly supported by some of the people they live with, followed by their teachers and their friends (see Table 10). This is consistent with the fact that they strongly agree or totally agree with the fact that during the pandemic they strengthened relationships at home or got closer to a family member (60.4%). In turn, 47.6% of children say that their relationships with their friends were affected during the pandemic, while a little more than 40% of children say they strongly or totally agree with the fact of having made friends online during the pandemic (see Table 11).

Table 10. *Social support during the pandemic*

During the Coronavirus I felt well-supported by	I do not agree	Agree a little bit	Agree somewhat	Agree a lot	Totally agree
1. Some of my friends	16,7	18,1	22,1	21,4	21,7
2. Some of my teachers	7,8	14,7	23,9	29,5	24,0
3.Some people I live with	2,7	5,1	11,4	22,4	58,4

Table 11. *Relationship with family and friends*

	I do not agree	Agree a little bit	Agree somewhat	Agree a lot	Totally agree
1. During the coronavirus, I became closer to some members of my family	8,3	12,7	18,6	24,7	35,7
2. My relationships with my friends was affected during the Coronavirus	18,7	15,3	18,4	19,1	28,5
3. I made new friends with other children online during the Coronavirus	34,4	13	12,4	14,6	25,6

2.4 How do you feel about life:

This section addresses aspects related to satisfaction with different aspects of your life, as well as positive and negative affects and your concern about the coronavirus.

Table 12. *Mean and standard deviation for life satisfaction*

	M	SD

1. I enjoy my life	7,9	2,6
2. My life is going well	7,9	2,6
3. I have a good life	8,5	2,3
4. The things that happen in my life are excellent	7,2	2,8
5. I am happy with my life	8,0	2,8
6. I like being the way I am	7,6	3,2
7. I am good at managing my daily responsibilities	6,6	2,8
8. People are generally friendly towards me	7,7	2,6
9. I have enough choice about how I spend my time	7,4	2,9
10. I feel that I am learning a lot at the moment	7,0	2,9
11. I feel positive about my future	7,4	3,0

In relation to life satisfaction, measured on an 11-point scale (0=not at all agree, 10=totally agree), as can be seen in the items of Table 12, the items with the highest mean corresponds to "I am a good life" (M=8.5) "I am happy with my life" (M=8.0), while the item with the lowest mean is the one referring to the management of daily responsibilities (M=6.6). In general, it is possible to observe from the reported means that the level of well-being reported by the children tends to be moderately high, with means around 8 points.

Table 13. *Means and standard deviations for positive and negative affect*

	M	SD
1. Last two weeks: How often feeling Happy	7,6	2,6
2. Last two weeks: How often feeling Sad	4,2	3,1
3. Last two weeks: How often feeling Calm	6,8	3,0
4. Last two weeks: How often feeling Stressed	5,2	3,5
5. Last two weeks: How often feeling Full of energy	6,0	3,1
6. Last two weeks: How often feeling Bored	5,9	3,4

Table 13 shows the means and standard deviations for the items of positive and negative affect, when the children were asked how they felt during the last two weeks. As can be seen in the results, the items referring to positive affect as a whole (Happy, calm and

full of energy) have an overall mean of 6.8, while the items referring to negative emotions (Sad, stressed and bored) have a significantly lower overall mean (*M*= 5.1).

Table 14. *Concern about various aspects of the Coronavirus*

	I do not agree	I Agree a little	I Agree somewhat	I Agree a lot	I Totally agree
1. I am very afraid of the Coronavirus	26,8	21,6	23,9	13,3	14,5
2. It makes me uncomfortable to think about the Coronavirus	45,1	18,6	15,6	9,6	11,1
3. My hands become sweaty when I think about the Coronavirus	78,5	9,7	5,4	2,9	3,5
4. I am afraid of losing my life because of the Coronavirus	33,1	18,8	13,8	12,6	21,7
5. When I watch news and stories about the Coronavirus on the TV and social media, I become nervous or anxious	55,2	19,1	12,1	6,2	7,4
6. I cannot sleep because I'm worrying about getting the Coronavirus	79,7	10,3	5,3	2,4	2,3
7. My heart races (beats very fast) when I think about getting the Coronavirus	72,0	12,7	7,6	3,5	4,3

Table 14 presents various aspects related to the children's concerns about Covid-19, where the children had to answer the degree of agreement with each of the statements. Thus, the item in which they mostly agreed is the one referring to the fear of losing their life due to the coronavirus ("I am afraid of losing my life because of the coronavirus", where the options "I agree a lot" and "I totally agree" accumulate 34.3% of the mentions, followed by "I am very afraid of the Coronavirus" (27.8%). On the other hand, the item that shows the lowest number of mentions is the one referring to not being able to sleep due to concern about the coronavirus.

The children are asked about their degree of satisfaction in various dimensions of their life, on an 11-point scale (0= not at all satisfied, 10= totally satisfied), and finally they are asked how satisfied they feel with their life as a whole (see Table 15).

Table 15. *Mean and standard deviation for satisfaction in various dimensions of life*

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Satisfaction with:	M	SD
1. The people you live with	8,8	2,1
2. The house you live in	8,9	2,0
3. The area where you live	8,1	2,5
4. About how safe you feel	8,1	2,5
5. Your friends	7,7	2,9
6 How you use your time	7,5	2,7
7. The way you look	6,9	3,3
8. The things you have	8,9	2,0
9. The freedom you have	7,7	2,8
10. What may happen later in your life	7,5	2,8
11. How you are listened to by adults in general	7,2	3,0
12. Your health	8,5	2,3
13. Your life as a whole	8,1	2,6

The two items with the highest means refer to the house you live in and the things they have (*M*=8.9), followed by the people you live with (*M*=8.8), while the lowest levels of satisfaction are associated with the way they look ("The way you look"). Satisfaction with the place where they live and the fact of feeling safe show the same level of satisfaction with life as a whole (*M*=8.1).

When asked how happy they were in their life in general, before the pandemic and then during the pandemic, there was a drop of 1.7 points on an 11-point scale (0 to 10 points). The means and standard deviation are presented in Table 16.

Table 16. *Mean and standard deviation for happiness with life before and during the pandemic*

	M	SD
1. Thinking about how your life was before the Coronavirus, how happy are you with your life as whole?	8,7	2,1
2. Thinking about how your life now during the Coronavirus, how happy are you with your life as whole?	7,0	2,8

Not only is it possible to observe that there is a significant drop in self-reported happiness before and during the pandemic, but also that the dispersion of said score is

slightly greater during the pandemic, so the effect of the pandemic on this variable should be further analyzed. beyond the average value.

3. Conclusions

This report presents the results of a first descriptive analysis of Chilean boys and girls in the complementary Children's World Covid study, which covers children between 10 and 12 years of age. The sample corresponds to students in urban areas in the fifth, sixth and seventh years of general basic education in the Chilean school system.

From the data reported here, it is possible to conclude that, as mentioned in several national and international studies, the Covid-19 pandemic has affected various aspects of our lives (Golberstein et al., 2020; Guessoum et al. 2020; Halldorsdottir et al, 2021; Menz, 2021). The sample of children included here corresponds to urban children who mostly lived with their families (80%), who had online classes (89%), who always or often had internet access (91%) and who communicated with their friends through WhatsApp messages (64%) and who mostly felt supported by the people they lived with (81%) and who even during the pandemic felt more attached to their family members (60%). When consulted, the children in general reported feeling well during the two weeks prior to the consultation, the most relevant positive emotion being feeling happy, and among the negative emotions the most predominant was feeling bored.

When these data were collected, Chile had already faced two waves of Covid-19 infection (Minsal, 2022a), so all of them had already experienced quarantine and mobility restrictions, the impossibility of going to school and leaving home to join their friends, and had already spent several weeks, or even months, locked in their homes. As can be seen in the results, a majority percentage of children (over 50%) had received sufficient information about the pandemic from their families, their teachers and through the media and social networks. Thus, one of the aspects that most affected the children was the degree of satisfaction with how they normally spent their time before the pandemic, since their interpersonal relationships with their friends and classmates at school were interrupted for several months.

While they were concerned about the coronavirus, they were most concerned about people they knew becoming infected, as well as the changes in their lives that occurred in their lives as students, including their grades. About 48% of the children noted agreeing or

strongly agreeing that their relationships with their friends were affected by Covid-19, however, 40% of the children note that they made new online friends during the pandemic.

The results presented show different concerns of Chilean children about Covid-19, as well as different measures of subjective well-being where levels of satisfaction in general and by areas are relatively high, so it is possible to observe that both boys and girls have relatively preserved levels of life satisfaction during the pandemic. However, it is possible to observe a drop of one point or more on average in relation to measures taken in equivalent population in age, sex, types of schools and cities included in the sample, using the same instruments (SLSS, BMSLSS, OLS, PANAS) immediately before the pandemic. Although this drop, on average, is not large enough to assume that it affects the majority of children, it should be considered when reviewing differences by sex and type of educational establishment, which gives the segmentation of the school system in the Chilean case, it is an approximate measure of the socioeconomic level of the families.

These data presented here, are consistent with those taken at the onset of the pandemic during 2020, where there had already been a decline in satisfaction with life in general and measured by areas (Alfaro et al., 2021a). If we, consider that the data presented here correspond to the second year of the pandemic, it can be seen that this decrease in subjective well-being of almost 2 points is maintained, apparently there has not been a sustained decline. However, it must be considered that when differences are made by gender, socioeconomic level, or social-family support, it is possible to observe differences between the subgroups that are generated, so that the effect of the pandemic is different if these variables are controlled (Alfaro et al., 2021b).

Given that the pandemic has not yet come to an end, and that the mental health and psychosocial effects will continue to be felt in the population, it is necessary to pay particular attention to children and adolescents in order to observe the medium and long-term effects of Covid-19 on their well-being.

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